

## **Application Data Sheet**

### **Application Information**

Application number::  
Filing Date:: 09/24/03  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R??:  
Number of CD disks::  
Number of copies of CDs::  
Sequence Submission::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: 1,3,5-Triazines for Treatment of Viral Diseases  
Attorney Docket Number:: 021227-000310US  
Request for Early Publication:: No  
Request for Non-Publication:: No  
Suggested Drawing Figure:: 7  
Total Drawing Sheets:: 15  
Small Entity?:: Yes  
Latin name::  
Variety denomination name::  
Petition included?:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers One::  
Secrecy Order in Parent Appl.:: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Richard  
Middle Name::  
Family Name:: Daifuku  
Name Suffix::  
City of Residence:: Mercer Island  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of Mailing Address:: 9270 SE 36th Place  
City of Mailing Address:: Mercer Island  
State or Province of mailing address:: WA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 98040

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Russian Federation  
Status:: Full Capacity  
Given Name:: Alexander  
Middle Name::  
Family Name:: Gall  
Name Suffix::  
City of Residence:: Woodinville  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of Mailing Address:: 20051 170th Avenue, NE  
City of Mailing Address:: Woodinville  
State or Province of mailing address:: WA

Country of mailing address::

Postal or Zip Code of mailing address:: 98072

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Russian Federation

Status:: Full Capacity

Given Name:: Dmitri

Middle Name::

Family Name:: Sergueev

Name Suffix::

City of Residence:: Kirkland

State or Province of Residence:: WA

Country of Residence:: US

Street of Mailing Address:: 12025 131st LN NE, #E200

City of Mailing Address:: Kirkland

State or Province of mailing address:: WA

Country of mailing address::

Postal or Zip Code of mailing address:: 98034

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An Appn claiming benefit under 35 USC 119(e) of	60/413,337	09/24/2002

**Foreign Priority Information**

Country::

Application number::

Filing Date::

**Assignee Information**

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::